

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	BIOABSORBABLE SUTURE ANCHOR SYSTEM FOR USE IN SMALL JOINTS
Attorney Docket Number::	022956-0214
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	4
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Shelby
Middle Name::	L.
Family Name::	Cook
City of Residence::	Mansfield
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	2 Carlow Crossing
City of mailing address::	Mansfield
State or Province of mailing address::	MA

Postal or Zip Code of mailing address:: 02048

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jose
Middle Name:: E.
Family Name:: Lizardi
City of Residence:: Franklin
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 3 Kayla Drive
City of mailing address:: Franklin
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02038

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Karl
Middle Name:: S.
Family Name:: Reese
City of Residence:: Boston
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 7 Maplewood Street, #9
City of mailing address:: Boston
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02132

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US

Status::	Full Capacity
Given Name::	Thomas
Middle Name::	A.
Family Name::	Shepard
City of Residence::	Buford
State or Province of Residence::	GA
Country of Residence::	US
Street of mailing address::	1998 Trestlebrook Way
City of mailing address::	Buford
State or Province of mailing address::	GA
Postal or Zip Code of mailing address::	30519

Correspondence Information

Correspondence Customer Number::	021125
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Representative Information

Representative Customer Number::	021125
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